

CRIME VICTIM REPARATIONS
350 East 500 South
Suite 200
Salt Lake City, Utah 84111

VICTIMS OF CRIME ACT VICTIM ASSISTANCE
ANNUAL PERFORMANCE REPORT

SECTION I SUBGRANTEE IDENTIFICATION

- A. Agency Name: _____ B. Grant Number: _____
- C. The address (Including Street, P.O. Box, City and Zip Code): _____
- D. Contact Person: _____
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SECTION II REPORT TIME FRAME

Agencies receiving funds under the Victims of Crime Act are required to submit an Annual Performance Report 90 days after the end of the contract period. The Annual Performance Report should be submitted to the Office of Crime Victim Reparations and is due by September 30. This Annual Performance Report covers the 12-month period from _____ to _____.

SECTION III PROGRAM INFORMATION

- A. Program Statistics:

Indicate the total number of paid and the total number of volunteer staffs in the VOCA victim assistance-funded projects.

_____ # of Paid Staff

_____ # of Volunteer Staff

B. Victim Statistics:

1. Indicate the total number of victims who received services from the VOCA victim assistance funded project during the contract period:

_____Primary Victims

_____Secondary Victims

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2. Indicate the total number of primary and secondary victims served by type of victimization:

Primary Victims	Secondary Victims		Primary Victims	Secondary Victims	
		Child Abuse Physical			AMAC
		Child Abuse Sexual			Homicide Survivors
		Victims of DUI/DWI			Robbery
		Domestic Violence			Assault
		Sexual assault, Adult			Other Violent Crimes
		Elder Abuse			Other

The total number of Primary Victims listed under all crime categories should equal the total number of Primary Victims under Section B Victim Statistics.

The total number of Secondary Victims listed under all crime categories should equal the total number of Secondary Victims under Section B Victim Statistics.

C. Service Statistics:

1. Indicate the number of victims who received each of the following services:

Primary Victim	Secondary Victim		Primary Victim	Secondary Victim	
		Crisis Counseling			Criminal Justice Supp/Advocacy
		Follow up Contact			Emergency Financial Assistance
		Therapy			Emergency Legal Advocacy
		Group Treatment			Assistance in Filing Comp Claims
		Crisis Hotline			Personal Advocacy
		Shelter/Safe House			Information & Referral (Telephone Contact)
		Information & Referral (In Person)			Other (Specify)

SECTION IV NONDISCRIMINATION INFORMATION

The following information will be used only to compile statistics in order to comply with Federal Nondiscrimination requirements. Please provide the number of victims served in each category.

1. **Race or National Origin:**

Primary and Secondary

- _____ White (Not of Hispanic Origin)
- _____ Black (Not of Hispanic Origin)
- _____ Hispanic
- _____ Asian
- _____ American Indian or Alaskan Native
- _____ Pacific Islander
- _____ Unknown

2. **Gender:**

Primary Victim

_____ Female

_____ Male

Secondary Victim

_____ Female

_____ Male

3. **Ages of Primary Victims:**

_____ 0 - 12 Years

_____ 13 - 17 Years

_____ 18 - 29 Years

_____ 30 - 44 Years

_____ 45 - 64 Years

_____ 65 + Years

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- A. Briefly describe your agency=s efforts to coordinate victim services at a local level, with the state victim=s compensation program, mental health, Division of Family Services, etc.

- B. Indicate the types of training activities VOCA victims assistance-funded staff (volunteer and paid) have attended.

	VOCA	Funded
	YES	NO
Filling Out Compensation Claims		
Counseling and Other Direct Services		
Other		

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- C. Describe efforts taken by your agency to increase victim cooperation with law enforcement.

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- D. Describe activities conducted by your agency to improve the delivery of victim services (i.e., needs assessments, program monitoring and program evaluations).

- E. Specifically discuss the delivery of and improvements to service within your agency as a result of receiving VOCA victim assistance funding. Please submit anecdotal information and individual case histories to illustrate the ways in which VOCA funds have been used to assist crime victims.

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- F. Identify any emerging issues or notable trends impacting crime victim services in your agency and community.

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- G. Has your agency provided services to Federal Crime Victims? If so, please describe your efforts to coordinate with the Federal Criminal Justice System.

Authorized Signature

Date